

**Seniors On-The-Go!**  
**Application**

**Date of Application:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Sex:** M \_\_\_ F \_\_\_

**Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_, VA **Zip Code:** \_\_\_\_\_ **Phone #:**( ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Joint Registration:** Yes \_\_\_ No \_\_\_

Note: If both spouses are over 65, they may both register on one form.

**Spouse's Name:** (if joint registration) \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_ **Sex:** M \_\_\_ F \_\_\_

**Date of Birth:** \_\_\_\_\_

**\*Total Income for  
Individual or Couple:**

Please check one:

- \$19,000 or less
- \$19,001 to 25,500
- \$25,501 to 40,000
- \$40,001 to 50,000

**Eligibility Verification**

**(Applicant must meet all criteria):**

- 1) Age is 65 or more for all participants
- 2) Resident of Fairfax County or City of Fairfax
- 3) Income is \$40,000 or less for individual *or* \$50,000 or less for couple.

\*Individuals earning over \$40,000 and married couples earning over \$50,000 are not eligible for program.

I / We, \_\_\_\_\_, am applying for enrollment in the ***Seniors On-The-Go!*** program and certify that my household income from all sources including salaries, pensions, annuities, Social Security, mutual funds, stock and bonds, and interest from properties and investments is within eligibility guidelines. I give permission to the County of Fairfax to verify my income, age and address as stated on this application. I understand that I will become disqualified if my income exceeds that which I have stated and I will be subject to repayment of benefits provided. I also understand that the County of Fairfax may conduct periodic and random income eligibility checks of participants enrolled in ***the Seniors On-The-Go!*** program. In the event that I am requested to verify my income, I will provide a copy of my last federal tax return or other appropriate income documentation. The County of Fairfax may contact me to ask if the service is satisfactory. I understand that the program is, in effect, contingent upon funding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Seniors On-The-Go!**

**Check those that apply to you:**

**Do you use a wheelchair or scooter when you travel? If yes, indicate by checking Applicant or Spouse.**

*Applicant*    *Spouse*

**If yes, do you need assistance transferring from your wheelchair to a car?**

*Applicant*    *Spouse*

**Do you use a service animal? If yes, indicate by checking Applicant or Spouse.**

*Applicant*    *Spouse*

**Do you use other adaptive devices when you travel? If yes, indicate by checking Applicant or Spouse.**

*Applicant*    *Spouse*

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*(If yes, please specify, i.e. walker, oxygen canister, etc.)*

**How did you hear about the *Seniors On-The-Go!* taxi program?**

- radio
- senior center
- county agency
- friend
- newspaper \_\_\_\_\_
- other \_\_\_\_\_

**Do you use other transportation Services? Check all that apply:**

- Fastran       Cue Bus
- MetroAccess    Volunteer
- Metrobus       Family member
- Metrorail       Taxicab
- Fairfax Connector
- Drive my own car

***Please mail this 2-page application to:***

***Seniors On-The-Go!***

Fairfax County Neighborhood & Community Services  
P.O. Box 1388  
Fairfax, VA 22038-1388

In compliance with ADA, this form is available in alternative formats upon request.

Voice: 703-877-5800    TTY: 711

**Let *Seniors On-The-Go!* get you where you need to go!**